



YOUTH SERVICES
DEPARTMENT OF CORRECTIONS

STEVE GIBSON, DIVISION ADMINISTRATOR

STATE OF MONTANA

[Insert RAOs Address]
TELEPHONE: (406) [insert phone #]
FAX: (406) [insert fax #]
[insert RAOs email address]

[Insert RAOs Name]

NOTIFICATION OF NO CONTRIBUTION LETTER

[DATE]

[NAME]
[ADDRESS]
[CITY/STATE/ZIP]

Dear [Mr / Mrs / Ms]:

This letter is to inform you that as the parent(s) of [YOUTHS FULL NAME], you have met the legal requirement of supplying the Department of Corrections a financial affidavit reflecting whether you have the ability to pay cost-of-care contributions for [YOUTHS FIRST NAME] while [HE/SHE] is in an out-of-home placement.

At this time, it has been found that you are not required to make any cost-of-care contributions. If you find that your financial status changes so that you may be able to contribute to the cost of care for your child, please contact me.

Sincerely,

[NAME]
Regional Administrative Officer